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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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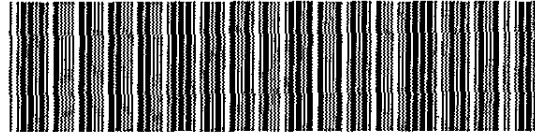
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

06 AUG 16 AM 10:31

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TODD WOOD, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: TODD E. WOOD

Name (Printed or typed)

5322 - 14 AV S

Address

GULFPORT, FL 33707

City, State & Zip

(727) 321 - 1988

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

TODD WOOD, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5322 - 14th Avenue South Gulfport, FL 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

Five Hundred (#500)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Todd E. Wood - Director
5322 - 14th Av S Gulfport FL 33707

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Todd E. Wood
5322 - 14th Av S Gulfport FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Todd E. Wood
5322 - 14th Av S Gulfport FL 33707

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA